R E P O R T R E S U M E S

ED 013 010 EC 001 213

ADMINISTRATIVE GUIDE IN SPEECH CORRECTION.

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PUB DATE 65

EDRS PRICE MF-$0.25 HC-$2.24 56P.

DESCRIPTORS- *PROGRAM ADMINISTRATION, *SPEECH THERAPISTS, *BIBLIOGRAPHIES, *SPEECH THERAPY, SPEECH HANDICAPS, CHILDREN, ADMINISTRATOR GUIDES, CERTIFICATION, RECORD (FORMS), INSTRUCTIONAL MATERIALS, RATING SCALES, PROFESSIONAL STANDARDS, FACILITIES, JEFFERSON CITY, AMERICAN SPEECH AND HEARING ASSOCIATION

WRITTEN PRIMARILY FOR SCHOOL SUPERINTENDENTS, PRINCIPALS, SPEECH CLINICIANS, AND SUPERVISORS, THIS GUIDE OUTLINES THE MECHANICS OF ORGANIZING AND CONDUCTING SPEECH CORRECTION ACTIVITIES IN THE PUBLIC SCHOOLS. IT INCLUDES THE REQUIREMENTS FOR CERTIFICATION OF A SPEECH CLINICIAN IN MISSOURI AND DESCRIBES ESSENTIAL STEPS FOR THE DEVELOPMENT OF A SPEECH CORRECTION PROGRAM. SPECIFICATIONS FOR A SPEECH CORRECTION ROOM, ALL EQUIPMENT, AND SUPPLIES ARE PRESENTED. PROFESSIONAL ORGANIZATIONS IN WHICH MEMBERSHIP IS RECOMMENDED FOR THE SPEECH CLINICIAN ARE LISTED ALONG WITH A LIST OF PROFESSIONAL JOURNALS. A 152-ITEM BIBLIOGRAPHY IS GROUPED INTO SECTIONS ON APHASIA, ARTICULATION, CEREBRAL PALSY, CLEFT PALATE, HEARING LOSS, STUTTERING, VOICE PROBLEMS, AND GENERAL SPEECH REFERENCES. CLINICAL AND EDUCATIONAL MATERIALS ARE LISTED. THE APPENDIX INCLUDES THE REQUIREMENTS FOR THE CERTIFICATION OF CLINICAL COMPETENCE OF THE AMERICAN SPEECH AND HEARING ASSOCIATION, EXAMPLES OF REPORT FORMS OF RATING SCALES, AND A LIST OF PUBLISHERS. (GD)

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ADMINISTRATIVE GUIDE IN SPEECH CORRECTION

ADMINISTRATIVE GUIDE IN SPEECH CORRECTION

State Department of Education
Jefferson City, Missouri
Hubert Wheeler, Commissioner

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Division of Instruction

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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FOREWORD

In our aerospace age, effective communication is of ever-increasing importance. Every child in our public schools should be given the opportunity to learn to express himself, intellectually and emotionally, in his preparation for today's changing world.

Both teachers and administrators are eager to supply perplexed parents with information as to how and where children with speech and hearing difficulties can receive the help they need. Superintendents who are contemplating the establishment of a program for the speech handicapped want to know how such a program can be organized, publicized and supervised.

In order to offer the best for the child who has a communicative disorder and who can profit from the instructional program, a committee was called together to aid in planning a guide for his education program. The committee has emphasized that the school administrator and the classroom teacher are just as essential to the success of a speech correction program as is the speech clinician.

The teacher will need to adapt his classroom curriculum to good speech instruction, both as a special subject and as an applied activity. It is the committee's recommendation that the speech clinician and his program should be an integral unit of the general educational program of the school and should be as much a part of the detailed daily curriculum as reading, number work, and social studies.

Educational leaders who discharge major responsibilities in public schools will find herein an informative statement of a pervasive need, together with a basic philosophy and practical recommendations for meeting this need.

Hubert Wheeler
Commissioner of Education

PREFACE

The Missouri State Department of Education is, in the main, a service agency to the people of the State. In the area of the education of the exceptional child, teachers and administrators have indicated by their oral and written requests that we can be of great service to them by providing lists of suggested materials in the various areas. Chiefly, for this reason, this bulletin has been compiled. Through its use we believe that teachers can save many hours of valuable time otherwise used in searching for suitable teaching material.

We also hope and believe that the bulletin can be of great help to administrators in recommending specifications for the room equipment and supplies to be used by the speech clinician.

Acknowledgement is hereby made of the excellent work of Dr. William C. Healey, Consultant, Special Education, who served as chairman of the committee in compiling materials and in writing and editing this publication.

Special commendation is also due Mr. Richard S. Dabney, Director of Special Education, and members of the committee who gave of their knowledge and time in order that the bulletin might be prepared.

H. Pat Wardlaw
Assistant Commissioner
Division of Instruction

INTRODUCTION

To the Administrators of Speech Correction Programs:

The revised Administrative Guide in Speech Correction is designed to be of assistance to you, not only in the organization of programs in speech correction, but also in the daily administration of them.

The Revision Committee was chosen from all areas of the State and is composed of administrators, supervisors, consultants, and classroom teachers, all of whom are well-trained, not only in the understanding of problems facing the child with a speech defect, but also in the knowledge of how to deal with the problem. Acknowledgement is given to the members of the committee for the fine work they have done.

It is hoped that the compilation of their ideas will be beneficial to administrators and speech clinicians.

Richard S. Dabney
Director of Special Education

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Special acknowledgement is due Miss Jo Ann Wolken for her contribution in the preparation of the rough drafts of this manuscript.

PURPOSE

The purpose of this guide is to make recommendations concerning the establishment and continuation of speech correction programs in the public schools of Missouri.

The committee hopes that its discussion will promote closer integration of speech correction with the activities of parents, classroom teachers, and school administrators. The following pages contain information which can be used by school superintendents, principals, speech clinicians, and supervisors. This information outlines the mechanics of organizing and conducting speech correction activities in the public schools.

POINT OF VIEW

From the speech clinician's point of view, the philosophy of special education is not unlike that of general education but an extension of it; becoming special only in respect to the limitations imposed by the specific needs of those children with special abilities or disabilities. The goals are the same as for all education. The means for achieving these goals must vary according to the problems of the children who are to profit from a program of special education. Every child must be provided with an opportunity to be educated to the limit of his abilities. The speech correction program in the public schools prepares youth with speech problems to become as communicatively effective as possible.

The adoption of a clinical point of view has been one of the greatest contributions of speech correction. It has become the common denominator in interpreting the responsibilities and opportunities of all teachers to meet the needs of children with particular learning problems.

Incorporating a clinical approach in the public school setting includes principles that are desirable for all children. It implies that each child, as an individual, requires and should receive a thorough, definitive evaluation of his needs and an education commensurate with his needs, abilities, capacities, and interests. However, the results of such an assessment must not become permanently affixed, for next week or next year they may no longer represent valid descriptions of the child nor his needs. Once the child is labeled "speech defective," too many people forget that he is a growing child with changing needs; and attitudes based on something less than logic often dictate the type and number of educational experiences he will receive thereafter.

Speech is learned and good speaking habits can be taught. Speech clinicians have demonstrated that in most cases speech can be improved. The length of time that a need for special services exists depends upon the nature of the child's problem and the environment in which it is found. Those special services may include a radical modification of the curriculum, special methods of instruction, special equipment, or an adjusted school schedule. Whatever the condition, the important matter is one of identifying and meeting satisfactorily the child's needs.

THE SPEECH CORRECTION PROGRAM

INTRODUCTION

Approximately two million children in the United States have speech problems. They constitute our largest group of exceptional children. Five to ten children out of every hundred need speech correction. Speech correction programs are needed in every community, not only because of the vast number of children with speech handicaps, but because speech is vital as the key to human expression in our speaking world.

"It is recognized that speech is the expression of the whole child. The philosophy underlying the need for providing speech correction for speech handicapped children is that his speech is the most important tool he has for getting along in life. Whatever we do for his speech, that we do also for his whole being."[1]

Through speech the child expresses his thinking, his emotions, his physical being and his personality. The ability to speak enables children to communicate ideas, feelings, and desires to others. Speech is the channel for interaction in human relationships. The child who speaks in an understandable manner will communicate more successfully and will experience added confidence in meeting situations within his environment. The child whose speech is defective or nonexistent may develop multiple problems related to learning, behavior, and adjustment.

Speech problems are usually recognized by parents, teachers, and others within the child's environment. These speech problems often make the child's speech "different" from the so-called normal speech pattern. Concern is aroused and questions are asked relative to causes and treatment. This is a justifiable concern because of the frustration experienced by the child who cannot communicate easily with others. His defective speech may set him apart and may create various emotional disturbances. His inability to speak easily and successfully may cause his listeners to question his mental ability and willingness to try to speak better. It should be emphasized that "trying" to speak adequately is desirable but usually does not solve the problem.

Getting along well in school depends upon many factors such as intelligence, health, emotional adjustment, environmental background, and motivation. However, it is possible and frequently true that children who are normal in each of these respects can and do have speaking difficulties. Speech defects can range in severity from mild to complete unintelligibility, and may stem from multiple causes. The complexity of speech problems makes it especially important that the school and community be aware of the knowledge and skill necessary to help speech handicapped children.

Because speech is used by everyone, ability to speak is often taken for granted. Never should it be so assumed! Speech is one of the most highly developed and complex skills achieved by man. The words we use in everyday conversation require rapid and extremely fine neuro-muscular coordination. When speech production is analyzed, we are surprised that people speak as well as they do. Because of the complexities of speech problems, their causes and their treatment, speech correction and speech education must be conducted by individuals who are specially trained in the field of speech and hearing. Children with communication problems create great concern within the family, school, and community. A comprehensive program of speech correction should be provided for all children who are in need of this educational and therapeutic service.

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[1]Wood, Kenneth Scott, "A Philosophy of Speech Correction." *Journal of Speech Disorders*, 1947, Volume 12, pp. 257-261.

I. Application for a Speech Correction Program

Administrators of school systems are in a position to lead in developing and sustaining a good speech correction program. Generally speaking, five to ten percent of the school population will need help in speech.

A school board establishing a program in speech correction for the first time should notify the Commissioner of Education before July 1 of its intention to establish such a program. The approvable case load, as determined by the State Department of Education in accordance with the law, is 80 to 125 children. Approved full-time programs will be reimbursed at the rate of $2800 per year. Case loads under 80 may be approved only after investigation by the State Department of Education. Enrollment on October 15 will be used for reimbursement. Correspondence should be addressed to: Director of Special Education; P. O. Box 480; Jefferson City, Missouri.

Some schools of the State do not have enough children with speech and hearing problems to justify employment of a full-time speech clinician. Two or more school districts may form a cooperative program. These districts may employ the same clinician who would visit each school at regular times each week. The number of schools required for a full-time program would depend on the enrollment of speech cases in each school and the distance the correctionist would have to travel between schools. In such programs, a contractual agreement should be arranged between the participating schools. Each district must agree to pay its proportionate share of the annual cost of the service. Since the number of children needing the service in each school district may vary during the year, each district's financial responsibility is determined and the sponsoring district is reimbursed on the basis of the amount of time the clinician gives to the district.

In cooperative programs, the speech clinician should be provided with a home office. This office may be located in one of the cooperating school districts and is considered his home base. Any travel allowance would be based on the miles traveled between schools. Consideration should be given to arranging the schedule so that the clinician would travel a minimum number of miles each week. Since it will be necessary for some school time to be consumed by travel from one school district to another, the pupil load may be adjusted to compensate for the time lost.

II. The Speech Clinician

The selection of personnel to staff a speech correction program is one of the administrator's most important considerations. The speech clinician,[2] specially trained in the areas of speech and hearing, must meet the certification requirements of the State Department of Education under whose jurisdiction he will work if the local school system is approved for state reimbursement for its speech program. The person in the local school system in charge of employing teachers not only must know the current standards for state certification but must send the transcripts and records of the applicant to the State Department of Education for evaluation.

The ability to describe or diagnose speech defects is of major importance in the speech clinician's work, and he must be prepared to establish a program based on an understanding of individual differences and techniques. Although the speech clinician's activities and responsibilities are different from those of the teacher in the regular classroom, the most successful programs are those that integrate speech correction with the subject matter in the general cur-

[2]The term "speech clinician" or "speech correctionist" refers to an individual with specialized academic training in speech correction. Such a specialist devotes full time to speech correction. Although these terms are often used interchangeably in the various public school programs, the American Speech and Hearing Association has endorsed the term "speech clinician" as the official title for members meeting requirements for their certification.

riculum. The classroom teacher must share the responsibility for the acceptance of a new program since his cooperation and interest in providing activities for reinforcement of correct speech can insure or negate the success of the speech clinician's work. If the speech clinician is resourceful and tactful, he can usually reassure the majority of classroom teachers that the child with a speech problem can be helped in his regular subjects without adding appreciably to the burdens of the teacher. The speech clinician, while retaining definite responsibilities as a specialist working with individual children, is frequently asked to serve in the capacity of consultant, working closely with classroom teachers and other staff members.

The speech clinician should be given the opportunity, through meetings with the parents and teachers, to discuss the field of speech correction and to outline the objectives of such a program in the public schools. Parents must realize that proper reinforcement at home can help make new speech habits permanent. The success or failure of the speech clinician's goals greatly depends upon the amount of cooperation that he receives from the classroom teacher, principal, and parents.

III. Certification Requirements

A speech clinician in the public schools of Missouri must have the following qualifications:

A. A bachelor's degree from an accredited college or university

B. A valid teacher's certificate

C. At least twenty semester hours of academic training that include:

1. A course in child psychology or child development
2. A course in adolescent psychology, mental hygiene, or psychology of adjustment
3. A course in techniques of teaching, at the elementary or secondary level
4. A course in the psychology of the exceptional child or in methods of teaching the handicapped
5. Practice teaching in a regular classroom, at the elementary or the secondary level
6. A course in public speaking
7. Six (6) semester hours of course work in the areas of voice science, phonetics, psychology of speech, and anatomy and physiology of the speech mechanism; a course in phonetics being specifically required
8. Fifteen (15) semester hours in professional training courses in speech pathology and audiology, from such areas as speech correction and speech pathology, clinical methods, clinical practice, and audiology, one course in audiology being specifically required.

D. Two hundred (200) clock hours of supervised clinical practice, at least one-fourth of which should be in a public school setting. A clock hour means time spent by the student clinician in actual work with cases under adequate supervision, in conference with a supervisor about such cases, in diagnostic activities, and/or in the preparation of reports about cases.

E. Adequate speech for professional use in terms of voice, articulation, language, and rhythm.

IV. Identification of Pupils for Speech Correction

The first essential step in the development of a speech correction program is finding students with speech problems. Three of the methods used are: (1) the class visitation method, (2) the referral method, and (3) the survey method.

Clinicians interested in the details of these three methods for conducting a speech survey are referred to the text, *Speech Handicapped School Children,* by Wendell Johnson, (Harper & Brothers, Publishers, New York, 1948) pp. 347-354.

The survey is probably the most thorough method of locating children who need help. The survey aims to screen out quickly those pupils who have difficulties; each of these pupils is given a more thorough examination. The survey speech test is ordinarily an individually administered test of spontaneous and directed speech.

The speech survey requires careful management and considerable preliminary planning to insure efficiency and orderliness. It is the duty of the principal to provide the clinician with adequate physical facilities for testing, and to schedule the survey to avoid time conflicts within the school program.

In making an initial survey, the entire school population should be screened. Once a speech survey of a particular school has been completed, only new students and referrals will need to be tested.[3] The speech clinician, in consultation with the classroom teachers and the administrative officer of the school, shall determine the eligibility of pupils for the speech correction program.

V. Organization of the Speech Correction Program

Once the children who are in need of speech correction are located, the clinician should arrange for a conference with the principal of the school in which he is to work. They will need to agree upon matters of policy pertaining to length and frequency of correction sessions, enforcement, and general coordination of the program with the daily curriculum. Usually the speech clinician prepares a tentative schedule and discusses it with the principal and classroom teachers. The final schedule is then mimeographed and distributed to all teachers from the office of the principal. The speech clinician, after making a careful appraisal of a child's speech, may help the child meet his needs through individual or group therapy. Clinicians generally believe that the number of children in each group should not exceed four. Speech correction must be scheduled for a definite period of time (usually 30 minutes in length) on a specified day or days of each week.[4] Individual records, which are discussed on page 7, shall be kept for each child enrolled in the speech correction program. To permit adequate time for conferences related to children enrolled in speech correction and for continuous testing of referrals, at least one-half day per week should be reserved as a "coordination" period. This time, judiciously utilized, can further the speech correction process and enable the clinician to keep abreast of all necessary reporting.

The administrative officer, in addition to the aforementioned, will be responsible for initiating and maintaining a speech correction program that will meet the requirements for state reimbursement; will provide rooms for the clinician and his equipment; and will see that the child needing speech correction meets regularly with the clinician.

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[3]The speech clinician may wish to use some type of numerical rating in determining the severity of the child's problem. (See Appendix A)

[4]A plan of scheduling known as the "block plan" has been used successfully in some schools.

THE SPEECH CORRECTION ROOM: SPECIFICATIONS, EQUIPMENT, AND SUPPLIES

I. Physical Plan

The principal should provide a pleasant, well-lighted, well-ventilated room equipped with the necessary supplies and storage for conducting a well-organized speech correction program. The physical plan of the speech correction room should conform to specifications outlined by the State Department of Education, Section of School Building Services. The room should be located on the same floor with the primary rooms, preferably on the first floor in a quiet section of the building. The dimensions for the room will approximate 15' x 20' x 10'.

II. General Equipment

1 Teacher's desk
1 Arm chair
1 Side chair
1 Table – round, 48" diameter, 25" height
1 Full length mirror – 24" x 48", to be mounted horizontally on a 33" level above rectangular table described below.
1 Table – rectangular, 48" x 24" x 30"
6 Chairs – wood, 15" high
3 Chairs – wood, 17" high
1 Filing cabinet – 4 drawer, legal size
1 Chalkboard – 36" x 48"
1 Corkboard – 36" x 48"
1 Easel
1 Card holder
1 Flannel board
1 Sink

III. Teaching and Testing Equipment

1 Audiometer – equipped for both air and bone conduction and provided with masking equipment
1 Tape recorder – 7½ and 3¾ speeds with supply of additional tapes
1 Auditory Training Unit
1 Record player – 3 speed, equipped with volume and tone control
1 Dozen hand mirrors
1 Metronome
1 Flash light – for oral examinations
1 Stop watch
The speech clinician should have access to:
Duplicating facilities
Opaque projector
Film projector
Typewriter
Dictionary

Frequently speech clinicians will find it helpful to utilize objective tests in their initial diagnosis of the student with a speech problem. Some of the more commonly used instruments are listed below:

A Manual of Articulation Testing for Use with Children with Cerebral Palsy
Institute of Logopedics
Wichita, Kansas

Ammons
Psychological Test Associates
Box 1441
Missoula, Montana

Examining for Aphasia
Psychological Corporation
304 East 45th Street
New York 17, New York

Goodenough Intelligence Test
Psychological Corporation
304 East 45th Street
New York 17, New York

Hejna Test of Articulation
University Press of University of Wisconsin
Madison, Wisconsin

Peabody Picture Vocabulary Test
American Guidance Service
2106 Pierce Avenue
Nashville, Tennessee

Screening and Diagnostic Tests of Articulation
Bureau of Research and Service
University of Iowa
Iowa City, Iowa

The Templin-Darley Tests of Articulation
Bureau of Educational Research and Service
Extension Division
State University of Iowa
Iowa City, Iowa

Wepman Discrimination Test
Language Research Associates
950 East 59th Street
Chicago 37, Illinois

IV. Expendable Supplies

Pre-sterilized tongue depressors
Tissues
Sanitary straws
Applicator sticks
Gauze compresses – 3" x 3"
Cotton balls – cotton roll pack

Construction paper
Crayons
Pencils
Typing paper
Carbon paper
School stationery

The items of equipment suggested above are not the only ones which are to be recognized or used. It is impossible in this report to give a complete listing of all suitable equipment or supplies that may be available. New items of equipment will become available and may be of greater value than the supplies or aids now produced. Teachers should be constantly alert to supplies that will meet their particular needs.

SUGGESTED RECORD AND REPORT FORMS FOR A SPEECH CORRECTION PROGRAM

The systematic operation of a speech correction program is facilitated by maintaining accurate, current records pertaining to the speech of each child. By the use of report forms designed for specific purposes, information and materials may be made available to school administrators, classroom teachers, and parents.

An individual record shall be kept for each child enrolled in the speech correction program. Information from the home, medical sources, classroom teachers, and others should be included in the speech clinician's file for each child. A record of referrals – medical, dental, psychological, and other – should be kept for each pupil in the program.

Progress reports should be sent to the parents at the end of each reporting period along with the child's general progress report. Similar reports of progress should be sent regularly to the classroom teachers and to the school administrators.[5]

Application forms for the purpose of initiating a program in speech correction should be requested by the superintendent from the Director of Special Education, State Department of Education.

PROFESSIONAL ORGANIZATIONS AND JOURNALS

With the increasing body of knowledge in the speech and hearing field, it becomes important to maintain a professional affiliation with an organization that disseminates current research and information. We recommend membership in the American Speech and Hearing Association and the Missouri Speech and Hearing Association. Addresses are listed below. For names of current officers of the Missouri Speech and Hearing Association write to the Director of Special Education. Persons functioning in the field of speech and hearing may find additional information from educational organizations at the state and national levels.

American Speech and Hearing Association[6]
1001 Connecticut Avenue
Washington 6, D. C.

Missouri Speech and Hearing Association
Address inquiries to the Director of Special Education
State Department of Education
P. O. Box 480
Jefferson City, Missouri

Council for Exceptional Children, NEA
1201 Sixteenth Street, N. W.
Washington 6, D. C.

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[5]Sample forms of the type now used in some of the public schools of Missouri appear in Appendix B.

[6]See requirements for certification in Appendix C.

Articles pertinent to speech correction appear in many publications. The following journals present research studies, observations in the area of speech correction, and reviews of current literature in the field.

Publication	Address
A Cumulative Index of the Journals of the American Speech and Hearing Association	American Speech and Hearing Association 1001 Connecticut Avenue, N. W. Washington 6, D. C.
American Childhood, published monthly except July and August	Milton Bradley Company 74 Park Street Springfield 2, Massachusetts
Child Study, published quarterly	Child Study Association 132 East 74th Street New York 21, New York
Deafness Speech and Hearing Abstracts published in January, April, July, and October	American Speech and Hearing Association 1001 Connecticut Avenue, N. W. Washington 6, D. C.
Exceptional Children, published monthly October through May (Subscription through active membership in CEC)	Council for Exceptional Children 1201 Sixteenth Street, N. W. Washington 6, D. C.
Journal of Speech and Hearing Research, published quarterly	American Speech and Hearing Association 1001 Connecticut Avenue, N. W. Washington 6, D. C.
The Journal of Speech and Hearing Disorders, published in March, June, September, October, and December	American Speech and Hearing Association 1001 Connecticut Avenue, N. W. Washington 6, D. C.
Understanding the Child, published in January, April, June, and October	National Association for Mental Health 1790 Broadway New York, New York
Volta Review, published monthly except July and August	Alexander Graham Bell Association for the Deaf 1537 35th Street, N. W. Washington 7, D. C.

REFERRAL SERVICES

Speech clinicians should be aware of existing institutions and agencies that might be equipped to help the physically, mentally, emotionally, or educationally handicapped child. New centers are being established yearly, especially for children with speech problems. It is impossible to know all the available resources that might be recommended, but the latest editions of the following publications provide listings of most of the facilities in Missouri for the child who requires special services:

Directory for Exceptional Children, Third edition (Porter Sargent Publisher, 11 Beacon Street, Boston 8, Massachusetts) 1958.

Fact Manual (Facilities for Service for the Handicapped and Agencies Supplying Services), Published by Missouri Health Council, Box 658, Jefferson City, Missouri (by grant from Nemours Foundation of Delaware) 1960.

SELECTED REFERENCES

The following references pertaining to specific areas of speech and hearing problems may be used as informational data for the speech clinician. The teaching materials listed can be used with individuals or groups.

The following lists of references represent some of the materials that are available and may be recommended for use in speech correction. Many clinicians prefer to design materials to meet their particular needs.

APHASIA

(*Therapeutically oriented references)

Although the speech clinician in the public school encounters very few children who can be diagnosed accurately as aphasic, it is important that he have access to good references pertaining to aphasia.

Author	Title	Publisher
*Barry, Hortense	*The Young Aphasic Child – Evaluation and Training* 1961	Alexander Graham Bell Association for the Deaf
*Eisenson, Jon	*Examining for Aphasia* 1954	The Psychological Corp.
*Head, Henry	*Aphasia and Kindred Disorders of Speech* 1926 (Vol. 2)	University Press
Lewis, Richard S., and Strauss, Alfred A., and Lehtinen, Laura E.	*The Other Child* 1951	Grune and Stratton
*Longerich, Mary C. and Bordeaux, Jean	*Aphasia Therapeutics* 1954	Macmillan Company
Myklebust, Helmer R.	*Auditory Disorders in Children* 1954	Grune and Stratton

*Taylor, Martha L.	*Understanding Aphasia* 1958	Institute of Physical Medicine and Rehabilitation, New York University, Bellevue Medical Center
Wepman, Joseph	*Recovery from Aphasia* 1951	Ronald Press Company
Wood, Nancy	*Language Disorders in Children* 1959	National Society for Crippled Children and Adults, Inc.
	Childhood Aphasia 1962	California Society for Crippled Children and Adults, Inc.

ARTICULATION

The following books may be helpful to the speech clinician in the study of articulation and in planning speech correction for children with sound substitutions, omissions or distortions in their speech.

Author	Title	Publisher
*Ainsworth, Stanley	*Galloping Sounds* 1950	Expression Company
*Ainsworth, Stanley	*Speech Correction Methods* 1948	Prentice-Hall
*Arnold, Genevieve	*Speech is Fun!* (Speech Correction in the Primary Grades) 1953	University of Houston Speech Clinic
*Bryngelson, Bryng and Mikelson, Elaine	*Speech Correction Through Listening*	Scott, Foresman and Company
*Chipman, Sylvia	*The Child's Book of Speech Sounds in Rhyme* 1954	Expression Company
*Clemons, Elizabeth	*Pixie Dictionary* 1953	John C. Winston Company
*Fairbanks, Grant	*Voice and Articulation Drillbook* 1960	Harper and Brothers
*Fossum, Ernest C.	*Mend Their Speech* 1953	Iowa State Teachers College
*Grider, Dorothy (Illustrator)	*My First Picture Dictionary* 1948	Wilcox and Follett
*Heltman, Harry J.	*Tripplingly on the Tongue* 1955	Row, Peterson and Company
*O'Donnell, Mabel and Townes, Willimina	*Words I Like to Read and Write* 1954	Row, Peterson and Company

*Oftendahl, Laura and Jacobs, Nina	*My First Dictionary* 1948	Grossett and Dunlap
*Robbins, Samuel	*A Dictionary of Speech Pathology and Therapy* 1951	Sci-Art Publishers
*Schoolfield, L. D. and Timberlake, J.	*Sounds the Letters Make* 1949	Little, Brown and Company
*Scott, Louise and Thompson, J. J.	*Speech Ways* 1955	Webster Publishing Company
*Scott, Louise and Thompson, J. J.	*Talking Time* 1951	Webster Publishing Company
*Speech Correction Staff	*My Speech Book—Curriculum Bulletin No. 86* 1959	Kansas City, Missouri Public Schools
*Spooner, Jane R.	*Tony Plays With Sounds*	The John Day Company
*Stoddard, Clara	*Sounds for Little Folks* 1940	Expression Company
*Van Riper, Charles	*A Case Book in Speech Therapy* 1953 (Pamphlet)	Prentice-Hall
*Van Riper, Charles	*Speech Therapy: A Book of Readings* 1953	Prentice-Hall
*Van Riper, Charles	*Teaching Your Child to Talk* 1950	Harper and Brothers
*Van Riper, Charles and Irwin, John V.	*Voice and Articulation* 1958	Prentice-Hall
*Wood, Alice L.	*The Jingle Book for Speech Improvement and Speech Correction* 1955	Dutton and Company
*Zedler, Empress Y.	*Listening for Speech Sounds*	Doubleday and Company

CEREBRAL PALSY

The child diagnosed as cerebral palsied often has multiple problems. It is not uncommon for the speech clinician to encounter various types of speech defects associated with cerebral palsy. The following references pertain to the several speech deviations found among children with this organic problem.

Author	Title	Publisher
*Berko, Merlin M. J. and Berko, Francis Giden	*Speech Therapy in Cerebral Palsy*	Charles Thomas Publishers
*Crickmay, Marie	*Description and Orientation of the Bobath Method With Reference to Speech Rehabilitation in Cerebral Palsy*	National Society for Crippled Children and Adults, Inc.

Cruickshank and Raus	*Cerebral Palsy* 1955	Syracuse University Press
*Hansen; Ruth	*The Parent's Role in the Cerebral Palsied Problem* 1954 (Pamphlet, 25¢)	Orthopedic Hospital 2424 South Flower Los Angeles, California
*Harrington, Robert	*Speech Rehabilitation of the Cerebral Palsied* (Pamphlet – Free)	National Society for Crippled Children and Adults, Inc.
*Huber, Mary	*Letter to Parents of the Cerebral Palsied Child* (Pamphlet, 10¢)	National Society for Crippled Children and Adults, Inc.
*Kastein, Shulamith	*Speech Hygiene Guidance for Parents of Children With Cerebral Palsy* 1949	United Cerebral Palsy Association
Perlstein, Meyer	*Infantile Cerebral Palsy*	National Society for Crippled Children and Adults, Inc.
Perlstein, Meyer	*Infantile Cerebral Palsy* (Volume VII, 1955)	Reprinted from Advances in Pediatrics
Pohl, John F.	*Cerebral Palsy* 1950	Bruce Publishing Company
*Rutherford, B. R.	*Give Them A Chance to Talk* 1950	Burgess Publishing Co.
*Unger, Dorothy	*Prepare Your Child for Speech by Training Speech Muscles Through Feeding* 1952	National Society for Crippled Children and Adults, Inc.
*Westlake, Harold	*A System for Developing Speech With Cerebral Palsied Children* 1951 (Pamphlet, 25¢)	National Society for Crippled Children and Adults, Inc.
*Westlake, Harold and Rutherford, David	*Speech Therapy for the Cerebral Palsied*	National Society for Crippled Children and Adults, Inc.
	Help at Last for Cerebral Palsy Public Affairs Pamphlet No. 158 (20¢)	National Society for Crippled Children and Adults, Inc.
	Services for Children With Cerebral Palsy 1955	American Public Health Association
	Symposium on Cerebral Palsy	Convention of American Speech and Hearing Association, National Society for Crippled Children and Adults

CLEFT PALATE

The child with speech problems associated with cleft palate presents a challenging study. Because of the physical aspects involved, the speech clinician will wish to refer to materials relevant to correction of articulation defects and improvement in voice quality.

Author	Title	Publisher
*Backus, Clancy and Henry and Kemper	*The Child With a Cleft Palate* 1953	University of Michigan Press
*Gaines, F. and Wepman, J. M.	*Has Your Child a Cleft Palate?* Revised Edition 1949	Commission for Handicapped Children, Springfield, Illinois
Holdsworth, W. G.	*Cleft Lip and Palate* 1957	Grune and Stratton
McDonald, Eugene	*About Children With Cleft Lips and Cleft Palates* (Pamphlet, 20¢) 1957	Pennsylvania Society for Crippled Children and Adults, Harrisburg, Pennsylvania
*Morley, M. E.	*Cleft Palate and Speech* 1945	Williams and Wilkins
	A Child Has Cleft Palate (Pamphlet, 25¢)	Cleveland Hearing and Speech Center, 400 Union Commerce Building, Cleveland, Ohio
	Child With a Cleft Palate 1953	U. S. Government Printing Office Washington 25, D. C.

HEARING LOSS

Speech problems are frequently concomitant with loss of hearing.

Author	Title	Publisher
*Buell, Edith M.	*Outline of Language for Deaf Children* Book I	Volta Bureau
*Buell, Edith M.	*Outline of Language for Deaf Children* Book II	Volta Bureau
Davis, Hallowell and Silverman, Richard	*Hearing and Deafness* 1960	Holt, Rinehart and Winston, Inc.
*Ewing, Irene R.	*Lipreading and Hearing Aids* 1959	Manchester University Press
*Ewing, Irene and Alex	*New Opportunities for Deaf Children* 1958	University of London Press

*Ewing, Irene and Alex	*Speech and the Deaf Child*	Volta Bureau
*Fitzgerald, Edith	*Straight Language for the Deaf* 1959	Volta Bureau
Hardy, William G.	*Children with Impaired Hearing: An Audiologic Perspective* 1952 (Pamphlet, 15¢)	U.S. Government Printing Office Washington 25, D. C.
Heiner, M. H.	*Hearing is Believing* 1949	World Publishing Company
*Hirsch, Ira J.	*The Measurement of Hearing* 1952	McGraw-Hill
Irwin, J. and Duffy, J. K.	*Speech and Hearing Hurdles* 1951	School and College Service Columbus, Ohio
*Lack, Agnes	*The Teaching of Language to Deaf Children* 1955	Oxford University Press
*Lassman, Grace Harris	*Language for the Preschool Deaf Child* 1953	Grune and Stratton
*Leavis, May	*Beginning Lip Reading*	May H. Leavis, 386 Commonwealth Avenue, Boston, Massachusetts
Molyneaux, Dorothy	*Rehabilitation of the Hard of Hearing* (Pamphlet, Free)	National Society for Crippled Children and Adults, Inc.
Myklebust, Helmer R.	*Auditory Disorders in Children* 1954	Grune and Stratton
Newby, Hayes A.	*Audiology Principles and Practices* 1958	Appleton-Century Crofts
*Ordman, Kathryn and Rolli, Mary P.	*What People Say* 1955	The Volta Bureau
*Pugh, Bessie	*Steps in Language Development for the Deaf*	The Volta Bureau
*Utley, Jean	*What's Its Name?* 1950	University of Illinois Press
	A Child Doesn't Hear 1949 (Pamphlet, 25¢)	Cleveland Hearing and Speech Center, 400 Union Commerce Building, Cleveland, Ohio
	Child Who Doesn't Hear 1952	U.S. Government Printing Office Washington 25, D. C.
	If You Have a Deaf Child	University of Illinois Press
	New Aids and Materials for Teaching Lip Reading	American Hearing Society

STUTTERING

The following references may be helpful in working with the child who is non-fluent.

Author	Title	Publisher
Barbara, Dominick	*Psychotherapy of Stuttering*	Charles Thomas Press
Barbara, Dominick	*Stuttering: A Psychodynamic Approach to Its Understanding and Treatment* 1954	Julian Press
Bloodstein, Oliver	*Stuttering for Professional Workers*	National Society for Crippled Children and Adults, Inc.
*Bryngelson, Chapman & Hansen	*Know Yourself: A Workbook for Those Who Stutter* 1952	Burgess Publishing Company
Eisenson, Jon (Editor)	*Stuttering: A Symposium*	Harper Brothers
*Hahn, Eugene	*Stuttering: Significant Theories and Therapies* 1943	Stanford University Press
*Heltman, H. J.	*First Aids for Stutterers* 1943	Expression Company
Johnson, Wendell	*An Open Letter to the Mother of a Stuttering Child* 1941	National Society for Crippled Children and Adults, Inc.
Johnson, Wendell (Editor)	*Stuttering in Children and Adults* 1955	University of Minnesota Press
Johnson, Wendell	*Toward Understanding Stuttering* 1958	National Society for Crippled Children and Adults, Inc.
Miller, Elvena	*Is Your Child Beginning to Stutter?* 1955	Seattle Public Schools Seattle, Washington
Van Riper, Charles and Gruber, Leslie	*A Casebook in Stuttering* 1956	Harper and Brothers
Van Riper, Charles	*Stuttering* (2nd Edition) 1954	National Society for Crippled Children and Adults, Inc.
	On Stuttering and Its Treatment 1960	Speech Foundation of America
	Stuttering: Its Prevention 1962	Speech Foundation of America
	Stuttering Words Publication No. 2	Speech Foundation of America

VOICE PROBLEMS

The following references will serve as a guide for the speech clinician in working with students who have voice problems.

Author	Title	Publisher
*Berry, Mildred and Eisenson, Jon	*Speech Disorders: Principles and Practices of Therapy* 1956	Appleton-Century Crofts, Inc.
Brodnitz, Friedrich	*Keep Your Voice Healthy* 1953	Harper and Brothers
*Fairbanks, Grant	*Voice and Articulation Drillbook*	Harper and Brothers
*Jackson, Chevalier and Jackson, Chevalier L.	*Diseases of the Nose, Throat, and Ear* 1959	W. B. Saunders and Company
Koepp-Baker, Herbert and McDonald, Eugene	*Rehabilitation of the Laryngectomized*	National Society for Crippled Children and Adults, Inc.
*Levin, Nathaniel	*Voice and Speech Disorders– Medical Aspects* 1962	Charles Thomas Publishers
*Nelson, Charles	*Post-laryngectomy Speech* 1949	Funk and Wagnalls Company
*Nelson, Charles	*You Can Speak Again*	
*Moses, Paul J.	*The Voice of Neurosis* 1954	Grune and Stratton
*Van Riper, Charles and Irwin, John V.	*Voice and Articulation* 1958	Prentice-Hall, Inc.

GENERAL

Author	Title	Publisher
Abney, Louise and Miniace, Dorothy	*This Way to Better Speech* 1940	World Book Company
Anderson, Virgil A.	*Improving the Child's Speech* 1953	Oxford University Press
Anderson, Virgil A.	*Training the Speaking Voice* 1961	Oxford University Press
Backus, Ollie and Beasley, Jane	*Speech Therapy With Children* 1951	Houghton-Mifflin Company
Beasley, Jane	*Slow to Talk* 1956	Bureau of Publications Teachers College Columbia University
Berry, Mildred and Eisenson, Jon	*Speech Disorders: Principles and Practices of Therapy* 1956	Appleton-Century Crofts

Cruickshank, Bentzen, Ratzburg, Tanrhauser	*A Teaching Method for Brain Injured and Hyperactive Children* 1961	Syracuse University Press
Eisenson, Jon and Ogilvie	*Speech Correction in Schools* 1957	The Macmillan Company
Eisenson, Jon	*The Improvement of Voice and Diction* 1958	Macmillan Company
Fairbanks, Grant	*Practical Voice Practice* 1944	Harper and Brothers
Goldstein, Jurt	*Language and Language Disturbances* 1948	Grune and Stratton
Gray, Giles W.	*The Bases of Speech* 1959 (Revised Edition)	Harper and Brothers
Hahn, Elise, Lomas, Charles W., Hargis, Donald E., and Vandroegen, Daniel	*Basic Voice Training for Speech* 1957 (2nd Edition)	McGraw-Hill Book Company
Haycock, G. Sibley	*The Teaching of Speech* 1957	Volta Bureau
Himelstein, Philip and Trapp, E. Philip	*Readings on the Exceptional Child* 1962	Appleton-Century Crofts
Johnson, Wendell, Darley, Frederic, and Spriestersbach, D. D.	*Diagnostic Manual in Speech Correction*	Harper and Brothers
Johnson, Wendell, Darley, Frederic, and Spriestersbach, D. D.	*Diagnostic Methods in Speech Pathology* 1962	Harper and Row
Johnson, Wendell	*People in Quandaries* 1946	Harper and Brothers
Johnson, Wendell and Others	*Speech Handicapped School Children* Revised 1956	Harper and Brothers
Jones, Val	*Speech Correction at Home* 1956	Charles Thomas Company
Kastein, Shulamith and Smith, Harold Michael	*The Special Child* 1962	Bureau of Publications Seattle, Washington
Kaplan, Harold M.	*Anatomy and Physiology of Speech* 1960	McGraw-Hill
Karr, Harrison	*Developing Your Speaking Voice* 1953	Harper and Brothers
Long, Charles L.	*Will Your Child Learn to Talk Correctly* 1957	New Mexico Publishing Company

McDonald, Eugene T.	*Understanding Those Feelings*	Stanwix House
Molloy, Julia S.	*Teaching the Retarded Child to Talk* 1961	John Day Company
Morley, Muriel	*The Development and Disorders of Speech in Childhood* 1957	E. and S. Livingstone, Ltd.
Piaget, Jean	*The Language and Thought of the Child* 1955	A Meridian Book
Schoolfield, L. D.	*Better Speech and Better Reading*	Expression Company
Strauss, Alfred and Lehtinen, Laura E.	*Psychopathology and Education of the Brain Injured Child* 1950	Grune and Stratton
Strauss, Alfred and Kephart, Newell	*Psychopathology and Education of the Brain Injured Child* 1955 (Volume 2)	Grune and Stratton
Templin, Mildred C.	*Certain Language Skills in Children* 1957	The University of Minnesota Press–Minneapolis Press
Travis, Lee Edward	*Handbook of Speech Pathology* 1957	Appleton-Century Crofts, Inc.
Van Riper, Charles	*Helping Children Talk Better*	Science Research Associates
Van Riper, Charles	*Speech Correction Principles and Methods*	Prentice-Hall
Van Riper, Charles	*Speech in the Elementary Classroom*	Harper and Brothers
Van Riper, Charles	*Teaching Your Child to Talk* 1950	Harper and Brothers
Van Riper, Charles & Irwin, John V.	*Voice and Articulation* 1958	Prentice-Hall, Inc.
Van Riper, Charles	*Your Child's Speech Problems* 1961	Harper and Brothers
Walpole, Ellen	*The Golden Dictionary* 1944	Simon and Schuster
West, Ansberry and Carr	*The Rehabilitation of Speech* 1957	Harper and Brothers
Wise, Claude M.	*Applied Phonetics* 1957	Prentice-Hall, Inc.
	Missouri's Children and Youth 1960	Missouri Committee, White House Conference on Children and Youth

[7] A list of Publishers appears in Appendix D.

CLINICAL AND EDUCATIONAL MATERIALS

The following lists represent a composite of materials used by speech clinicians in some of the public schools of Missouri.

Films and Filmstrips

FILM STRIP CATALOG – To obtain a free copy write:

Society for Visual Education Inc.
1345 Diversey Parkway
Department 104
Chicago 14, Illinois

SVE is the largest producer and distributor of filmstrips, slides, and related products and is a subsidiary of Graflex Inc., and a General Precision Company. This is a 1963 catalog that describes and illustrates more than 1400 filmstrips and programmed materials on many subjects for Primary, Intermediate, and Junior-Senior High School.

FILM THEATRE CARD PACKET – The packet is available for $1.50 from:

American Speech and Hearing Association
1001 Connecticut Avenue, N. W.
Washington 6, D. C.

JOHN TRACY CLINIC PARENT EDUCATION FILM SERIES – For information on nineteen educational films and recordings write:

John Tracy Clinic
806 West Adams Boulevard
Los Angeles 7, California

OTHER FILM Sources – Additional catalogues may be requested from:

Visual Education Department
University of Missouri
Whitten Hall
Columbia, Missouri

American Hearing Society
817 Fourteenth Street, N.W.
Washington, D. C.

Young America Films, Inc.
18 East 41st Street
New York 17, New York

Dr. Hans Von Leden
Department of Surgery
Medical Center, U.C.L.A.
Los Angeles, California

Webster Publishing Company
1154 Reco Avenue
St. Louis 26, Missouri

National Society for Crippled Children and Adults
11 South LaSalle
Chicago, Illinois

Encyclopedia Britannica Films
1150 Willmette Avenue
Willmette, Illinois

Recordings

Most publishing companies can provide the speech clinician with lists of recordings that can be used in auditory training and discrimination.

Games and Related Materials

Go-Mo Products Incorporated
Box 143
Waterloo, Iowa

Auto Race – initial s sound
initial r sound
initial l sound
initial f sound
initial k sound
initial th sound

Cootie
Football
Game playing kit
Landscape Peg Set
Sound ladder game
Three-Up and Triple

Bear Final r sound
Chief Initial ch sound
Could Initial k sound
Find Initial f sound
Goose Initial g sound
Jet Initial j sound
Look Initial l sound
Mouse Final s sound
Reach Initial r sound
Sheriff Initial sh sound
So Sorry Initial s sound
Think Initial th sound
Whole Final l sound

Talkalong Products
Box 444
Monterey, California

Flethers
Rocket Race
Speech Fun for Everyone

Expression Company
Magnolia, Massachusetts

Progressive Sound Game
Sound and Articulation Game
Speech-O

Let's Play Hide and Seek Activities Kit, picture book, teacher manual
Guess What! (workbook)

Sounds for Little Folks by C. Stoddard

Speech Correction Through Story Telling Units by Nemoy

Speech Through Pictures by McCausland, et al

Scott Foresman
433 East Erie
Chicago 11, Illinois

Record Album – Sounds Around Us

Speech Improvement Cards, Set A-B-C and Set B only

Time for Poetry by Arbuthnot

Webster Publishing Company
1154 Reco Avenue
St. Louis 26, Missouri

Record Album – Listening Time, Album I, II, and III

What They Say Cards

Talking Time by Scott-Thompson

Rhymes For Fingers and Flannelboard

Wolfe of Sheboygan
1225 North 8th Street
Sheboygan, Wisconsin

Speech Master Cards (Kiddie Kards)

Warnock-Medlin Word Making Productions
P. O. Box 305
Salt Lake City 10, Utah

Warnock-Medlin Basic Word Making Cards and Book

Stanwix House
3020 Chartiers Avenue
Pittsburgh 4, Pennsylvania

The Best Speech Series by Matthews
- My Sound Book – k sound
- My Sound Book – g sound
- My Sound Book – l sound
- My Sound Book – r sound
- My Sound Book – s sound
- My Sound Book – th sound

Harper
49 East 33rd Street
New York 16, New York

Listening for Speech Sounds by Empress Zedler

Dutton
300 Park Avenue, South
New York 10, New York

The Jingle Book by Alice Wood

Sound Games by Alice Wood

Genevieve Arnold
4926 Culmore Drive
Houston 21, Texas

Practice Manual for Correction of Speech Sounds

Speech Is Fun

Macmillan
434 South Wabash Avenue
Chicago 5, Illinois

Sung Under the Silver Umbrella

Blackwell Wielandy Company
1605 Locust
St. Louis 3, Missouri

Bradburn School Supply Company
5114 Hampton
St. Louis 9, Missouri

Model School Supply Company
1602 Hodiamont
St. Louis 12, Missouri

Old Maid
Phonetic Drill Cards
Phonetic Word Builders
Picture Word for Beginners
Phonetic Quizo Mo
Uncle Wiggly
What the Letters Say
Who Gets It
Ideal Action Pictures for Flannelboards
Ideal Name Pictures for Flannelboards
Illustrated Prepositions
Illustrated Verbs
Relative Sizes Set
Ideal Consonant Pictures for Peg Board

Lotto Games
What's Missing
World Around Us

Dolch Teaching Aids
Grouping Sound Game
Take

CONCLUSION

The importance of speech in the curricula of today's schools is evidenced by the growing interest in all communicative skills. Educational institutions have taken a long time to recognize the need of providing training in speech for *all* children. Speech training should be available to every student, not just to a few who have special talent for developing speech as an art, or to those whose speech is defective enough to make them eligible for speech correction. For the great majority of American citizens the spoken word remains the principal channel for sharing information and exchanging ideas and feelings. Close analysis indicates that speech is the basis of 90 percent of all our communication, leaving 10 percent for writing and reading. Yet, too many schools assume very little direct responsibility for improving the ability of the people to express themselves. This trend is being reversed in many states. In any society so dependent upon communication, the teaching of talking must finally achieve an important place in education.

The social impact of speech was expressed by Thomas Mann in *The Magic Mountain:* "Speech is civilization itself. The word, even the most contradictory word, preserves contact – it is silence which isolates."

APPENDIX A

GENERAL SPEECH BEHAVIOR RATING*

Name _____ Age _____ Sex _____

Examiner _____ Date _____

Pitch: 1 2 3 4
_____ Too high
_____ Too low
_____ Pitch pattern
_____ Monotonous
_____ Pitch breaks
_____ Other

Loudness: 1 2 3 4
_____ Too loud
_____ Too soft
_____ Monotonous
_____ Loudness pattern
_____ Other

Rate: 1 2 3 4
_____ Too rapid
_____ Too slow
_____ Rate pattern
_____ Monotonous
_____ Jerkiness
_____ Other

Voice Quality: 1 2 3 4
Laryngeal Function:
_____ Breathiness
_____ Harshness
_____ Hoarseness
_____ Glottal attack
_____ Other
Resonance:
_____ Hypernasality
_____ Hyponasality

Fluency: 1 2 3 4
_____ Interjection of sounds, syllables, words or phrases
_____ Part-word repetitions
_____ Word repetitions
_____ Phrase repetitions
_____ Revisions
_____ Incomplete phrases
_____ Broken words
_____ Prolonged sounds
_____ Unvocalized intervals
_____ Other

General Adequacy: 1 2 3 4

Remarks:

Articulation: 1 2 3 4
_____ General misarticulations
_____ Plosives misarticulated
_____ Fricatives misarticulated
_____ Semivowels misarticulated
_____ Nasals misarticulated
_____ Glides misarticulated
_____ Vowels misarticulated
_____ Dipthongs misarticulated
_____ Substitutions
_____ Distortions
_____ Omissions
_____ Voicing errors
_____ Other

Language: 1 2 3 4
_____ No response to examiner
_____ Brief responses
_____ Responses grammatically incomplete
_____ Responses slow
_____ Responses irrelevant
_____ Lack of spontaneity in verbalization
_____ Limited vocabulary
_____ Incorrect use of case of pronouns
_____ Incorrect use of verb tense
_____ Responses vague or ambiguous
_____ Responses seemingly invalid, inconsistent, implausible, bizarre, incoherent
_____ Excessive verbal output
_____ Glib use of platitudes and cliches

Reaction to Self and Situation: 1 2 3 4
_____ Apparent tension and strain
_____ Visual evasiveness
_____ Distracting postures
_____ Distracting bodily movements
_____ Apparent uneasiness or embarassment
_____ Distracting laughter or giggling
_____ Blandness
_____ Other

---

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Additional copies of this form may be obtained from the Interstate Printers and Publishers, 19-27 North Jackson Street, Danville, Illinois

SCALE OF ARTICULATORY SEVERITY

1. The general speech output of the subject indicates inconsistently poor articulation. There are no consistent errors in articulation that are readily discernible. The speech of the subject falls within the category of slovenly speech.

2. There are present one or two consistent articulation deviations which are readily discernible. These are clearly of a sound distortion, substitution, or omission type. Although the listener is well aware of the errors, he needs to make no special effort to maintain effective mutual communication.

3. The subject generally has three to five articulatory deviations but may have more. These deviations interfere with the listener's comprehension of the speech. The listener can understand the child but must make a special effort to do so. Frequently the subject is not aware of his inability to produce the correct sound.

4. The subject has numerous articulatory deviations (must be more than five). These cause his speech to be generally unintelligible to the casual listener at the initial contact. The subject is frequently concerned about his inability to communicate.

5. The number of articulatory deviations present makes the subject's speech generally unintelligible to the trained observer and members of the family. The subject is usually vitally concerned with his inability to communicate.

SCALE OF VOICE DISORDER SEVERITY

1. The trained listener notes a very mild deviation in the subject's voice production. This deviation may be in pitch, quality, or loudness. There is little, if any, need to attempt a change.

2. The subject's voice has a mild deviation in pitch, quality, or loudness which is obvious to most listeners, however, it does not particularly cause an unfavorable listener reaction.

3. The subject's voice has a moderate deviation in pitch, quality, or loudness which tends to detract from his ability to communicate. The listener's reaction is unfavorable.

4. The subject's voice has a moderately severe deviation in pitch, quality, or loudness which markedly interfers with communication and causes an unfavorable reaction in both the listener and the speaker. At this level the possibility of organic or emotional deviations is present.

5. The subject's voice deviation makes communication almost impossible. The organic and emotional factors noted in Level 4 will also exist here.

SCALE FOR RATING SEVERITY OF STUTTERING*

Speaker _____ Age ____ Sex ____ Date _____

Rater _____ Identification _____

Instructions:

Indicate your identification by some such term as "speaker's clinician," "clinical observer," "clinical student," or "friend," "mother," "father," "classmate," etc. Rate the severity of the speaker's stuttering on a scale from 0 to 7, as follows:

0 *No stuttering*

1 *Very mild* – stuttering on less than 1 percent of words; very little relevant tension; disfluencies generally less than one second in duration; patterns of disfluency simple; no apparent associated movements of body, arms, legs, or head.

2 *Mild* – stuttering on 1 to 2 percent of words; tension scarcely perceptible; very few, if any, disfluencies last as long as a full second; patterns of disfluency simple; no conspicuous associated movements of body, arms, legs, or head.

3 *Mild to moderate* – stuttering on about 2 to 5 percent of words; tension noticeable but not very distracting; most disfluencies do not last longer than a full second; patterns of disfluency mostly simple; no distracting associated movements.

4 *Moderate* – stuttering on about 5 to 8 percent of words; tension occasionally distracting; disfluencies average about one second in duration; disfluency patterns characterized by an occasional complicating sound or facial grimace; an occasional distracting associated movement.

5 *Moderate to severe* – stuttering on about 8 to 12 percent of words; consistently noticeable tension; disfluencies average about 2 seconds in duration; a few distracting sounds and facial grimaces; a few distracting associated movements.

6 *Severe* – stuttering on about 12 to 25 percent of words; conspicuous tension; disfluencies average 3 to 4 seconds in duration; conspicuous distracting sounds and facial grimaces; conspicuous distracting associated movements.

7 *Very severe* – stuttering on more than 25 percent of words; very conspicuous tension; disfluencies average more than 4 seconds in duration; very conspicuous distracting sounds and facial grimaces; very conspicuous distracting associated movements.

If this rating was based on a single sample of speech, describe the speech sample and the situation in which you made the rating. If the rating was based on two or more specific samples of speech, describe the various speech samples and the situations in which you made the ratings:

If this rating was not based on one or more specific speech samples in one or more specific situations, but covers instead many observations made in a variety of situations over a period of time, indicate the period covered and the main general types of speech samples and situations observed.

Dates: from _____ to _____. Main types of samples and situations:

---

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APPENDIX B

BRIEF CASE HISTORY

Rating Scale:

1 | 2 | 3 | 4 | 5	1 | 2 | 3 | 4 | 5	1 | 2 | 3 | 4 | 5	1 | 2 | 3 | 4 | 5	1 | 2 | 3 | 4 | 5
Articulation	Stuttering	Cleft Palate	Voice	Dysarthria

Speech **Enrollment** **Hearing**

Name: _____ School District: _____
(Last) (First) (Middle)

Building: _____

Address: _____ Classroom Teacher: _____
(Street) (Zone) (City)

Phone: _____ Age: _____ Sex: ___ Clinician: _____

Date of Entry: _____ Date of Withdrawal: _____ Grade: _____

Reason for Withdrawal: _____

Date of Birth: _____ Place: _____

Parents' Name: _____
(Father) (Mother)

Family Physician: _____

Address: _____ Office Phone: _____ Res. Phone: _____

Diagnosis: _____ Etiology: _____

Description of Problem: _____

_____

Medical History: _____

_____

_____

_____

Family History: _____

_____

_____

Date of Parent Conference: _____

Audiometric Sweep Test

	125	250	500	1000	2000	3000	4000	8000
R								
L								

Related Educational Problems: _____

_____

_____

Standardized Test Scores: _____

_____

Comments: _____

_____

_____

_____

Speech History: _____

_____

_____

_____

Articulation Tests

Initial Test	Intermediate Test	Finial Test

Date: _____

BRIEF DIAGNOSTIC RECORD

Date _____

Identification

Name of Pupil _____ Birthdate _____

Address _____ Telephone _____

School _____ Teacher _____

Parents _____

Speech Problem

Diagnosis _____ Severity _____

Possible Etiological Factors _____

_____

Complications _____

_____

_____

Personal History

Social Tests _____

_____

Mental Tests _____

_____

Achievement Tests _____

_____

Any similar defect among siblings or parents _____

_____

Examinations

ORAL: Dental anomalies _____

Lip Mobility _____

Tongue _____

Palate _____

HEARING: _____

OTHERS: _____

ORAL EXAMINATION*

1. **Description of the Size and Shape of the Peripheral Oral Structure**
   a. Teeth
      (1) Class of occlusion _____
      (2) Condition of anterior teeth _____
      (3) Missing teeth (describe) _____
      (4) Other _____

   b. Hard Palate
      (1) Height _____
      (2) Cuspid width _____
      (3) Molar width _____

   c. Soft Palate
      (1) Length _____
      (2) Velar asymmetry (describe) _____
      (3) Condition of the uvula _____
      (4) Function _____

   d. Fauces
      (1) Area of faucial isthmus (describe) _____

   e. Tongue
      (1) Size (in relation to dental arch) _____
      (2) Characteristic position of tongue in mouth during rest position _____
      (3) Size and position of attachments of lingual frenum _____

   f. Lips
      (1) Thickness _____
      (2) Contact during rest position _____
      (3) Adequacy of labial tissue _____
      (4) Mobility _____

2. **Tongue Motility**
   a. Maximum protrusion _____
   b. Ability to point tongue _____
   c. Ability to groove tongue _____
   d. Ability to curl tongue _____
   e. Number of times subject can touch the corners of the mouth alternately in 10 seconds _____
   f. Ability to move tongue down midline of palate _____

3. **Ability to respond to tactile stimulation**
   a. Lips _____
   b. Oral cavity _____

4. **Comments**

*For more complete diagnostic material see *Diagnostic Methods in Speech Pathology* by Johnson, Darley, and Spriestersbach; (Harper & Row, Publishers, New York and Evanston) 1963, p.127.

ARTICULATION TEST

Name _____ Date of Birth _____ Age _____

Race _____ Sex _____ Date of Test _____ Examiner _____

School _____ Other _____

		I	M	F
p	pie, apple, cup			
b	boy, baby, bathtub			
m	man, hammer, comb			
h	house, behind			
w	window, away			
t	towel, butterfly			
d	door, spider, bed			
n	knife, banana, gun			
k	cat, cookie, book			
g	girl, wagon, dog			
ng	- - , hanger, ring			
y	yellow, onion			
f	fork, telephone, leaf			
v	valentine, shovel, glove			
th	this, feather, bathe			
zh	- - , television			
sh	shoe, fishing, fish			
l	lamp, elephant, ball			
ch	chair, matches, church			
j	jack-in-the-box, pajamas, badge			
th	thumb, nothing, teeth			
s	socks, bicycle, bus			
z	zipper, scissors, nose			
r	rabbit, carrot, car			
hw	whistle			

Vowel Sounds

e	beat		oo	moon	
i	bit		u	mew	
e	bet		o	boat	
a	bat		ou	house	
a	father		a	make	
u	gun		i	pipe	
a	arm		oi	point	
a	ball		oo	book	

Consonant Blends

tw	twelve		skr	scream	
dw	dwarf		shr	shred	
bl	blue		spr	spring	
kl	clock		str	street	
fl	fly		tr	tree	
gl	glad		thr	three	
pl	play		sk	sky	
sl	sled		sm	small	
spl	splash		sn	snow	
br	bread		sp	spoon	
kr	cry		st	star	
dr	draw		sw	swing	
fr	friend		kw	quick	
gr	green		skw	squirrel	
pr	price		ks	box	

Directions: If sound is correct, make no notation. For sound substitution or distortion, record phonetically. For omission, record " – ."

HEARING SCREENING FORM

District _____ Date _____

School _____ Code. Blue ✓ passed
Red ✓ failed

Grade _____ Teacher _____

Screening Level:

Name	R	L	B	Name	R	L	B

AUDIOLOGICAL REPORT

Name _____ Birthdate _____ Age _____ Sex _____

Address _____
(Street or Route) *(City)* *(State)*

Referred by _____

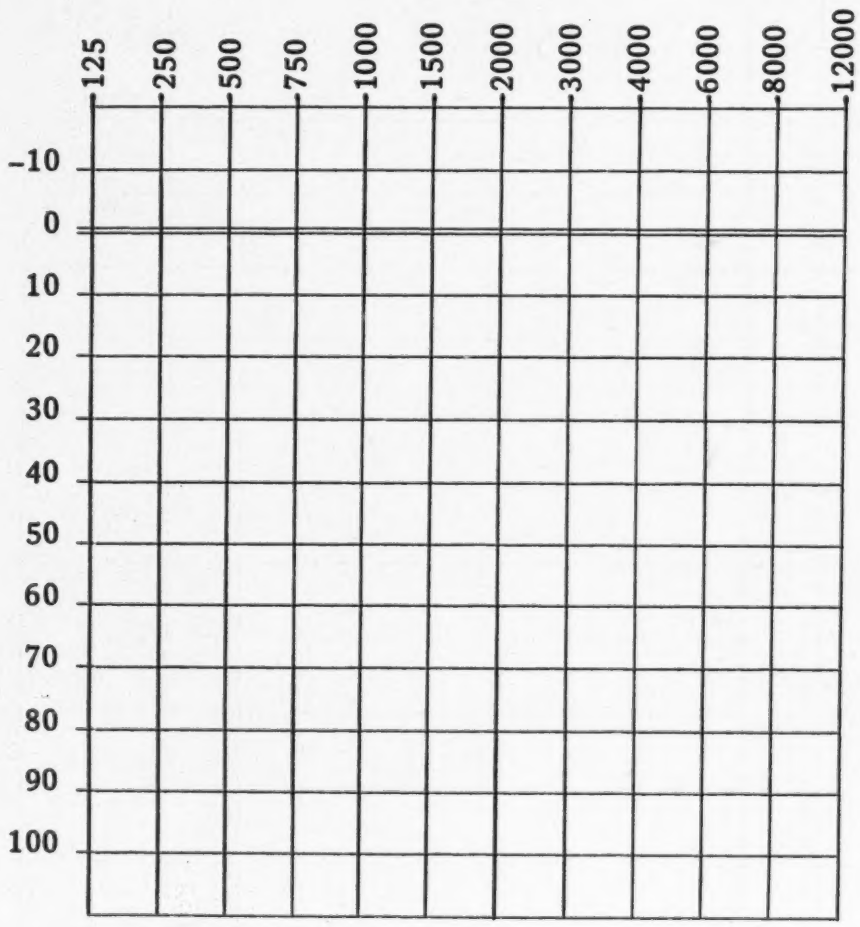
Does person have a cold _____ Tinnitus present: _____ Right Ear _____ Left Ear _____

Description of tinnitus _____

Date of Test _____ Tested by _____

Audiometer _____

Audiogram



Symbols

AIR CONDUCTION

O Right ear (red)
X Left ear (blue)

With Masking:
△ Right ear with ____ db masking in L ear
□ Left ear with ____ db masking in R ear

BONE CONDUCTION

> Right ear (red)
< Left ear (blue)

With Masking:
▷ Right ear with ____ db masking in L ear
◁ Left ear with ____ Masking in R ear

		Right	Left	Field
Speech Threshold Tests	Spondee Words			
	Numbers			
	Live Voice			
	Other			
Noise Generator				
Discrimination Score				

Testing Conditions _____

_____

_____

Comments _____

_____

Recommendations _____

_____

_____

REPORT TO CLASSROOM TEACHER

To:

From: SPEECH CLINICIAN

In the course of the screening test, the following children were observed to be making speech errors.

Child	Speech Errors
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

REPORT TO PARENTS

Date _____

To the Parent or Guardian of _____:

As a part of our routine testing program, a test of production of speech sounds was given to your child. This test indicates that your child's speech is developing very satisfactorily.

Very sincerely,

Speech Clinician

REPORT TO PARENTS

Date _____

To the Parent or Guardian of _____:

As a part of our routine testing program, a test of production of speech sounds was given to your child. At the time of testing, errors were noted on _____ sounds. These are not serious errors for a child of this age and your child will not be included in the speech program at this time. A check will be made at a later time to determine further development.

Very sincerely,

Speech Clinician

REPORT TO PARENTS

Date_____

Dear Parents:

This year, as a part of the regular speech survey, your child was tested. On the basis of this test we think _____ can benefit from speech therapy.

Your child will attend speech class for at least one period each week with a small group of classmates during the regular school day. These classes will meet at your child's school.

You will be invited to school for a conference to discuss the speech problem and progress of your child.

If you have any questions regarding this program, please feel free to contact me.

Sincerely yours,

_____

Speech Clinician

WEEKLY REPORT SHEET

Name _____ Grade_____ Birthdate_____

Diagnosis _____ Enrollment Date _____

Dismissal Date _____

Week 1
Week 2
Week 3
Week 4
Week 5
Week 6
Week 7
Week 8
Week 9
Week 10
Week 11
Week 12
Week 13
Week 14
Week 15
Week 16
Week 17
Week 18
Week 19
Week 20
Week 21
Week 22
Week 23
Week 24
Week 25
Week 26
Week 27
Week 28
Week 29
Week 30
Week 31
Week 32
Week 33
Week 34
Week 35
Week 36

Date _____ Clinician _____

PROGRESS REPORT

Name _____ Date _____

School _____

Dear Parents:

Your child has been enrolled in the speech correction program this semester. The purpose of this report is to inform you of your child's achievement in speech.

As you know, speech development is influenced by many factors of physical and mental growth which vary a great deal among children.

Comments have only been made on those items pertinent to your child's progress.

1. We have been working on _____.
2. Progress has been _____.
3. Additional work is needed on the production of _____ to achieve consistent carry-over into conversational speech.
4. Your child _____ be scheduled for speech next semester.

COMMENTS: _____

_____

_____

_____

_____

If your child is not enrolled in speech next semester and you notice frequent speech errors, you or his teacher should refer him to the Speech Department for further testing.

If you have further questions, you may contact me by calling (telephone number) and leaving a message for me to call you.

Sincerely,

_____

Speech Clinician

CASE SUMMARY

Name _____ Birthdate _____

School _____ Teacher _____ Grade _____

Parents _____

Enrollment Date _____ Dismissal Date _____

Statement of Problem _____

_____

_____

Background Information _____

_____

_____

_____

_____

_____

_____

Procedure and Progress (Group or Individual) _____

_____

_____

_____

_____

_____

_____

_____

Recommendations _____

_____

_____

_____

_____

GENERAL SUMMARY

Clinician's name _____ District _____

School year _____

1. Total number of children seen at any time during the year, active and observation cases _____

2. Total number of children in active therapy at end of year _____

3. Total number of children dismissed to observation _____

4. Total number of children dismissed (as corrected, moved, etc.) _____

5. Total number of observation-waiting list cases _____

=

6. Total number of children in active therapy at any time during the year _____

If figured correctly the total columns 2, 3, 4, and 5 will balance with the total of column 1.

There should be no duplication of cases in totals 2, 3, 4, and 5; i.e., no child should be counted in more than one category as listed in 2, 3, 4, and 5. (Example: If a child has been dismissed to observation and then at a later time dismissed completely, he would be counted only in column 4, **not** in columns 2 or 3.)

APPENDIX C

AMERICAN SPEECH AND HEARING ASSOCIATION

REQUIREMENTS FOR THE CERTIFICATE OF CLINICAL COMPETENCE
(Effective January 1, 1965)

(Questions pertaining to certification requirements should be directed to ASHA.)

The American Speech and Hearing Association issues its Certificate of Clinical Competence to individuals who provide satisfactory evidence of ability to work independently and without supervision with those having disorders of speech, hearing, and language. The designation of Speech Pathologist or Audiologist indicates the field of major interest, training, and experience.

The requirements for the Certificate emphasize competence that results from specialized training and experience. Those who apply for the Certificate should have secured a broad general education to serve as a base for the professional training and experience gained at upper-class and graduate levels.

To qualify for the Certificate of Clinical Competence, an individual must

1. be a member of the American Speech and Hearing Association. (See Note 1.)

2. submit transcripts from one or more accredited colleges or universities presenting evidence of the completion of 60 semester hours (see Note 2) constituting a well-integrated program that includes

   18 semester hours in courses that provide fundamental information applicable to the normal development and use of speech, hearing, and language

   42 semester hours in courses that provide information about and training in the management of speech, hearing, and language disorders and that provide information supplementary to these fields.

   Of these 42 semester hours, no fewer than 6 may be in audiology for the Speech Pathologist or in speech pathology for the Audiologist.

   No more than 6 of these 42 semester hours may be in courses that provide academic credit for clinical practice.

   Of these 42 semester hours, at least 24, not including credit for thesis or dissertation, must be in courses in the field in which the Certificate is requested.

   Furthermore, 30 of these 42 semester hours must be in courses acceptable toward a graduate degree by the college or university in which these courses are taken.

3. submit evidence of the completion of 275 clock hours of supervised, direct clinical experience with individuals presenting a variety of disorders of communication, the experience being obtained within the training institution or in one of its cooperating programs. (See Note 3.)

4. present written evidence from employers or supervisors of nine months of full-time professional employment pertinent to the Certificate being sought. This experience must follow the completion of Requirements 1, 2, and 3. (See Note 4.)

5. submit a letter from the director of the training program in which the academic training and clinical practice were obtained. The letter must support the candidate by certifying that he has met the spirit and letter of the requirements for the Certificate and by recommending that the Certificate be granted when all the requirements have been met. (See Note 5.)

6. pay the required fees. (See Note 6.)

7. receive approval of the fulfillment of Requirements 1 through 6 from the Committee on Clinical Certification.

8. pass a written examination that evaluates the candidate's knowledge in the AREAS cited below. (See Note 7.)

9. be approved by the Executive Council on recommendation of the Committee on Clinical Certification.

NOTES

1. Membership requires the master's degree (or equivalent) with major emphasis in speech pathology and/or audiology. Applications for membership should be addressed to the National Office of the American Speech and Hearing Association.

2. In the evaluation of credits, one quarter hour will be considered the equivalent of two-thirds of a semester hour. Transcripts that do not report credit in terms of semester or quarter hours should be submitted for special evaluation.

3. Directors of training programs will recognize the desirability of giving students the opportunity for observation of the various procedures of a clinical program and of providing an environment in which the student learns by general observation of daily activities, but this passive participation is not to be construed as direct clinical experience. Neither may time spent in the writing of reports, in preparation for clinic sessions, in conferences with supervisors, nor in class attendance be credited as direct clinical experience.

   Clinical experience must be carefully supervised by competent professional workers. The supervisor should hold the Certificate of Clinical Competence in the appropriate area (Speech Pathology or Audiology) in which he supervises and should visit clinic sessions frequently enough to be fully acquainted with the problems presented, the capabilities of the student clinician, and the progress made. One visit in each three or four clinic sessions is recommended. Frequent conferences between student clinician and supervisor are essential.

   Opportunities for supervised, direct clinical experience should be provided only after students have had sufficient course work to qualify them to work as clinicians. The beginning student should be limited to observation of clinical procedures and should be assigned to work with those presenting disorders of communication only after he has sufficient background and maturity to undertake clinical practice under supervision.

4. The necessary written evidence is a statement addressed to the Chairman of the Committee on Clinical Certification to report the following: (a) the exact place and dates of employment, (b) the specific type of clinical services performed, (c) the average amount of time spent on the job each week, and (d) the satisfactory fulfillment of the responsibilities of the position.

Full-time professional employment requires at least 30 hours of work each week. The requirement of nine months of full-time professional employment may be fulfilled by eighteen months of half-time employment of at least 15 hours per week. Employment of less than 15 hours per week will not fulfill any part of this requirement.

It is the clear intention of the Executive Council that, at some future date, relative to the current responsibilities and objectives of the Training and Services Boards of the Association, the professional employment requirement may be satisfied only in a certified employment environment. Similarly, it is the intention at some future date that academic requirements may be met only in an accredited training program.

5. The letter from the director of the training program should be submitted after Requirements 1 through 4 have been completed.

6. A schedule of fees will be furnished.

7. The examination is taken after the completion of Requirements 1 through 7. The examination may be taken no more than three times.

The AREAS contain the categories of information on which the candidate for the Certificate of Clinical Competence will be tested. AREA A contains fields of information that are concerned with the normal development and use of speech, hearing, and language. AREA B contains fields of information that are concerned with disorders of human communication and that are related to and supportive of the work done by the Speech Pathologist or Audiologist. The structure of the examination will take into consideration the field of major interest, training, and experience.

AREA A

(a) psychological and sociological aspects of human development
(b) anatomical, physiological, neurological, psychological, and physical bases of speech, hearing, and language
(c) genetic and cultural aspects of speech and language development.

AREA B

(a) Primary field

(1) current principles, procedures, techniques, and instrumentation used in evaluating the speech, language, and hearing of children and adults
(2) various types of disorders of speech, language, and hearing, their classifications, causes, and manifestations
(3) principles and remedial procedures used in habilitation and rehabilitation for those with various disorders of communication
(4) relationships among speech, language, and hearing problems, with particular concern for the child or adult who presents multiple problems
(5) organization and administration of programs designed to provide direct service to those with disorders of communication

(b) Related fields

(1) theories of learning and behavior in their application to disorders of communication
(2) services available from related fields for those with disorders of communication
(3) effective use of information obtained from related disciplines about the sensory, physical, emotional, social, and/or intellectual status of a child or an adult.

APPENDIX D

LIST OF PUBLISHERS

American Hearing Society
1800 H Street, N.W.
Washington 6, D.C.

American Public Health Association
1790 Broadway
New York, New York

Appleton-Century Crofts, Inc.
35 West 32nd
New York 1, New York

Alexander Graham Bell Association for the Deaf
% Volta Bureau
1537 35th Street, N.W.
Washington 7, D.C.

Bruce Publishing Company
400 North Broadway
Milwaukee 1, Wisconsin

Burgess Publishing Company
426 South 6th
Minneapolis, Minnesota

California Society for Crippled Children and Adults
251 Kearney
San Francisco, California

The John Day Company
62 West 45th Street
New York 36, New York

Doubleday and Company
Garden City, New York

Dutton and Company
300 Fourth Avenue
New York City 10, New York

E. and S. Livingstone, Ltd.
From – Williams and Wilkins
428 East Preston Street
Baltimore 2, Maryland

Encylopedia Britannica Films, Inc.
1150 Willmette Avenue
Willmette, Illinois

Expression Company
Magnolia, Massachusetts

Funk and Wagnalls Company
3600 Lexington Avenue
New York 17, New York

Gelles-Widmer
8988 Manchester Avenue
St. Louis 17, Missouri

Grossett and Dunlap
1107 Broadway
New York, New York

Grune and Stratton
381 Fourth Avenue
New York 16, New York

Harper and Brothers
49 East 33rd
New York 16, New York

Holt, Rinehart, and Winston, Inc.
645 North Michigan Avenue
Chicago 11, Illinois

Houghton-Mifflin Company
2500 Prairie Avenue
Chicago 16, Illinois

Iowa State Teachers College
Press Building
Ames, Iowa

Judy Company
107 Third Avenue, North
Minneapolis 1, Minnesota

Julian Press, Inc.
80 East 11th
New York 3, New York

King Company
4609 North Clark Street
Chicago 40, Illinois

Little, Brown and Company
34 Beacon Street
Boston 6, Massachusetts

McGraw-Hill
4655 Chase Avenue
Lincolnwood, Chicago 46, Illinois

Macmillan Company
2459 Prairie Avenue
Chicago 16, Illinois

A Meridian Book
From – World Publishing Company
2231 West 110th
Cleveland 2, Ohio

National Education Association
1201 Sixteenth Street, N.W.
Washington, D.C.

National Society for Crippled Children
and Adults, Inc.
2023 West Ogden
Chicago 12, Illinois

Oxford University Press
114 Fifth Avenue
New York, New York

Prentice-Hall, Inc.
Englewood Cliffs, New Jersey

The Psychological Corporation
304 East 45th Street
New York 17, New York

Ronald Press Company
15 East 26th
New York City 10, New York

Row, Peterson and Company
(Now Harper and Row Publishers)
140 West 22nd
New York, New York

W. B. Saunders and Company
218 West Washington Square
Philadelphia 5, Pennsylvania

Sci-Art Publishers
Harvard Square
Cambridge 38, Massachusetts

Science Research Associates
259 East Erie Street
Chicago 11, Illinois

Scott, Foresman and Company
433 East Erie Street
Chicago 11, Illinois

Speech Foundation of America
152 Lombardy Road
Memphis, Tennessee

Stanford University Press
Stanford, California

Stanwix House, Inc.
3020 Chartiers Avenue
Pittsburgh, 4, Pennsylvania

Steck Company
P.O. Box 16
Austin 61, Texas

Syracuse University Press
Box 87, University Station
Syracuse 10, New York

Charles Thomas Publishers
Springfield, Illinois

United Cerebral Palsy Association
321 West 44th Street
New York 36, New York

University of Houston Speech Clinic
Houston, Texas

University of Minnesota Press
St. Paul, Minnesota

Volta Bureau
1537 35th Street, N.W.
Washington 7, D.C.

Webster Publishing Company
1154 Reco Avenue
St. Louis 26, Missouri

Wilcox and Follett
1010 West Washington Boulevard
Chicago 7, Illinois

Williams and Wilkins
428 East Preston Street
Baltimore 2, Maryland

John C. Winston Company
1006-1016 Arch Street
Philadelphia 7, Pennsylvania

World Book Company
Yonkers-on-Hudson, New York

World Publishing Company
2231 West 110th
Cleveland 2, Ohio